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ARIZONA STATE BOARD OF HEALTH

1. PLACE OF BIRTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 140ARegistered No. 185

County Gila State Arizona
 Township _____ or Village _____
 City Miami No. _____ St. _____ Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Luz Picasso If child is not yet named, make supplemental report, as directed

3. Sex Female If plural births _____ 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature _____ Full term _____ 7. Legitimate? yes 8. Date of birth Dec 16, 1928 (Month, day, year)

9. Full name Luz Picasso FATHER

10. Residence (usual place of abode) Miami (If non-resident, give place and State)

11. Color or race Mex 12. Age at last birthday 4 (Years)

13. Birthplace (city or place) Jalisco Mex (State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____

18. Full maiden name Philiberta Delgado MOTHER

19. Residence (usual place of abode) Miami (If non-resident, give place and State)

20. Color or race Mex 21. Age at last birthday 36 (Years)

22. Birthplace (city or place) Jalisco Mex (State or country)

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____

7. Number of children of this mother 8 (At time of this birth and including this child) (a) Born alive and now living 8 (b) Born alive but now dead _____ (c) Stillborn _____

8. If stillborn, period of gestation _____ months or weeks 29. Cause of stillbirth _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 6 P m. on the date above stated (Born alive or stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

ven named added from 376-1216-746 supplemental report (Date of)

(Signed) A. Moron M.D., M.D.

or _____ Midwife

Address Miami, Arizona

Filed Oct 6, 1928 G. E. Irwin Registrar.

Registrar.